

MEDICAL AND DENTAL READINESS

Q1. What are the medical readiness indicators, which determine whether someone can be deployed?

- A1.** Medical readiness indicators which affect deployment status include: immunizations, HIV screen (within 1 year of deployment), DNA sample on file, PPD, pregnancy status, one-time enzyme deficiency screening for hemolytic anemia (G6PD), dental classification (1 or 2), required medical equipment/prescriptions (glasses, mask inserts, hearing aids, contact lenses), required personal occupational/ deployment health equipment, and current health assessment based on Service specific requirements.

Q2. What has been done to improve the dental readiness of the Reserve community, as this has been a factor that affected mobilization in the past?

- A2.** A basic dental evaluation is provided to reservists as part of their scheduled physicals. In addition, the TRICARE Dental Program (TDP) was expanded to include Reservists and provides cost-effective, comprehensive dental care to the Reservist and their families. The premium cost for the TDP is shared between the member, who pays 40%, and DoD, which pays the remaining 60%. Reservists can also see their civilian dentist and have their treatment, assessment, and classification documented on DD Form 2813. Reservists can be deployed only if they are classified in category 1 or 2.

Q3. What is being done to monitor the health of those people being deployed?

- A3.** A pre-deployment health assessment is administered at home station or at mobilization processing stations before deployment. A post-deployment health assessment is administered in the theatre of operation before redeployment to either home station or a mobilization processing station. These assessments will be placed in the service member's medical treatment record and can be used to initiate further assessment and/or treatment if necessary.

Also, the Departments of Defense, Veterans Affairs and Health and Human Services established the Military and Veterans Health Coordinating Board to look for ways to assure better deployment health by coordinating the strengths of the three departments. The Board makes recommendations to minimize the adverse health consequences of deployment.

Other DoD instructions and directives that provide guidance and direction in monitoring the health of those deployed include: DoD Directive 6490.2, "Joint Medical Surveillance," August 30, 1997; DoD Instruction 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997; and Joint Staff Memorandum J-4A 00106-93, "Medical Surveillance Report", January 1, 1996.

Q4. During Desert Storm, many National Guard and Reserve members were not found medically ready for deployment. Do you anticipate the same problems this time?

A4. No. Since Desert Storm, the Department has established a number of programs to better monitor the health of Reserve component members and ensure that both Active and Reserve members are medically ready to mobilize and deploy. Some of these initiatives include a dental insurance program for Guard and Reserve members, which was significantly expanded last year to provide a broader range of services and an expanded provider network; a dental exam screening form that can be completed by the member's civilian dentist to document the member's dental classification; and improved medical screening for the entire force that focuses on maintaining a healthy life style and better identifies health risk factors. Additionally, information systems that track medical information have been improved so we can better document the health status of Active and Reserve component members.